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20462 7590 07/19/2004

SMITHKLINE BEECHAM CORPORATION
CORPORATE INTELLECTUAL PROPERTY-US, UW2220
P. O. BOX 1539
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<i>Nora Stein-Fernandez</i>	(Depositor's name)
<i>Diane W. Halata</i>	(Signature)
<i>10/13/04</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09762,022	03/23/2001	Werner Muller	C70361	7328

TITLE OF INVENTION: TOOTHBRUSH HEAD WITH MEANS TO DIRECT AND COLLECT RADIATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	10/19/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SNIDER, THERESA T	1744	015-105000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Nora Stein-Fernandez
2. Theodore R. Furman
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SmithKline Beecham GmbH & Co. KG
and Helmut Hung GmbH

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wetzlar-Nauborn GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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(Authorized Signature) *Nora Stein-Fernandez* (Date) 10/13/04

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